

PRODUCER OF WASTE (Must be filled by producer)

Type of Process which Produced Wastes: ALUMINUM FABRICATOR

(Examples: metal plating, equipment cleaning, oil drilling – wastewater treatment, pickling bath, petroleum refining)

CODE NO.

DESCRIPTION OF WASTE (Must be filled by producer)

Components:
(Examples: Hydrochloric acid, lime, caustic soda,
phenolics, solvents (list), metals (list),
organics (list), cyanide)

1.				
2.				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:

pH 7 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 100 ☐ gal ☐ tons, ☒ barrels (42 gal.) ☐ other SPECIALTY

Containers: _____ ☐ drums ☐ cartons ☐ bags ☒ other SUMP
(NUMBER) (SPECIFY)

Physical State: ☐ solid ☒ liquid ☒ sludge ☐ other SPECIFY

Special Handling Instructions (if any): _____

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

Chester H. Bost
SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

ASBURY OIL CO.
13419 Halldale Ave., Gardena, California 90249
Phone: (213) 321-1392

50248 CODE NO.

5-27-78

Pick Up: _____ Time: _____ ☐ am
☐ pm

(DATE) 45

State Liquid Waste Hauler's Registration No. (if applicable): 15

Job No.: _____ No. of Loads or Trips: 1 Unit No. 9

Vehicle: ☒ vacuum truck 102 barrels, ☐ flatbed, ☐ other _____ (SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

Signature of Authorized Agent and Title

DISPOSER OF WASTE (Must be filled by disposer) **OPERATING INDUSTRIES, INC.**

Name (print or type): 2425 So. Gaffield Ave.
Monterey Park, Calif. 91754

Site Address: _____

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

☐ recovery

[illegible]☐ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well☐ other (specify): _____

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: 5/11/11

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

**FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.**

D.O.T. Proper Shipping Name